

(When Filled In)

PROJECT PROGRESS REPORT				PERIOD COVERED	
				FROM	THRU
1. REPORTING AGENCY IAC		2. NAME OF CONTACT [REDACTED]		3. TELEPHONE NO.	
4. PROGRAM TITLE Autopilot Improvement				25X1A5a1	
5. STATUS OF PROGRAM					
PROGRAM		TESTING			
6. PLANNING		ACTIVE		PLANNING	
7. OBJECTIVE OF TESTS		8. PRIORITY			
9. DATE PROGRAM INITIATED		10. DATE TESTING INITIATED		11. DATE OF ESTIMATED TEST COMPLETION	
12. OPERATING TIME					
TEST ARTICLE		TOTAL TEST HOURS OR RUNS RQR		HOURS OR RUNS THIS PERIOD	
TOTAL HOURS OR RUNS TO DATE					
13. COMMENTS					
Other work has prevented any further work on this program.					